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7001111, 174 (0			2	teven	Ď. Hi	ghlander	(Depositor's name)
				1/0			(Signature)
				August	2, 20)11	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	$\overline{}$	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/599,934	<u> </u>		Ulf De Faire	EPCL:014US/ 10613208		6769	
TITLE OF INVENTION:	PHOSPHORYLCHOI	INE CONJUGATES AN	D CORRESPONDING AN	ITIBODIES			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID IS	SUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	08/03/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS				
WEN, SHARON X		1644	424-152100				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Tee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignce is identified below, the document has been filed for DI a substitute for filing an assignment.				
PLEASE NOTE: Unlo recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Com	iffed below, no assignce pletion of this form is NO	data will appear on the pa I' a substitute for filing an a	uent. II an ass issignment.	ignee is ide	aumed below, the tie	Culled the feet that to
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
thera Biote	chnologies	s AB	Stockholm, Sweden				
Please check the appropri	ate assignce category o	r categories (will not be pr	inted on the patent):	Individual 🗆	Corporatio	n or other private gro	up entity 🚨 Government
4a. The following fee(s) are submitted: Solution S			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Stat	SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no lone	er claiming SN	IALL ENTI	TY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if requestros of the Vinged St	uired) will not be accepted tes Patent and Trademark	d from anyone other than the Office.	ne applicant; a i	egistered at	torney or agent; or the	e assignee or other party in
	/ \A\	August 2, 2011 Date 37,642 Registration No.					
Typed or printed name	Steven L.	Highlander					
This collection of informan application. Confident submitting the completed this form and/or suggestic Box 1450. Alexandria, V.	ation is required by 37 chality is governed by 35 application form to thous for reducing this builting into 22313-1450, DO 3-1450.	FR 1.311. The informatic 5 U.S.C. 122 and 37 CFR 2 USPTO. Time will vary rden, should be sent to the 2 NOT SEND FEES OR C	on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit (imated to take idual case. Any r. U.S. Patent i) TIHS ADDRI	by the public 12 minutes 12 comments 13 demails 14 demails 15 demails 15 demails 16 demails 17 demails 18 dema	which is to file (and to complete, including on the amount of tin irk Office, U.S. Depa TO: Commissioner f	by the USPTO to process) gathering, preparing, and ne you require to complete riment of Commerce, P.O. or Patents, P.O. Box 1450,